NZCCA Full Membership Application

Version updated 20 December 2024

# 01. Personal Details

**I am applying for:**

[ ]  Full Membership

[ ]  Full Membership (via Full Membership of another NZ professional body)

|  |  |
| --- | --- |
| Pepeha/Mihimihi (optional) |  |
| First Name |  | Last Name |  |
| Preferred Name (if different) |  |
| Physical Address | Street Address | RD No. | Post Code |
| Suburb | Town/City | Region |
| Phone Number |  |
| Email Address |  |
| Gender |  | Date of Birth |  |
| Ethnicity |  |
| Iwi (if applicable) |  |

Please see the Application Guide to help select which pathway is best for you to apply under.

# 02. Qualifications

**Please provide the following information for any formal tertiary counselling qualifications that you have attained or are in the process of attaining.**

## Qualification One

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| --- | --- |
| Qualification title |  |
| Training institution |  |
| Location |  |
| Date completed |  |

## Qualification Two (as applicable)

|  |  |
| --- | --- |
| Qualification title |  |
| Training institution |  |
| Location |  |
| Date completed |  |

Please see the Application Guide for the evidence required to submit alongside this section.

# 03. Counselling and Supervision Hours

## A. Counselling Hours

1. I have met the 200 client hours practicum requirement.

[ ]  Yes [ ]  No

1. Total number of client hours completed post-training:
2. Total number of face-to-face counselling hours completed in the last 12 months:

## B. Supervision Hours

1. Number of hours of NZCCA-approved external supervision in the past 12 months:
2. Number of hours of supplementary supervision in the past 12 months:
3. Total number of hours of supervision in the past 12 months:

Please see the Application Guide for the eligibility requirements associated with this section.

# 04. Counselling Experience

**Please outline each clinical counselling position that you have had, starting with the most recent.**

## Position 1

|  |  |
| --- | --- |
| Name of setting (agency, church etc.) |  |
| Position held |  |
| Duration (approximate dates) |  |
| Average client hours per week |  |
| Name of clinical supervisor/s (internal and/or external) |  |

## Position 2 (as applicable)

|  |  |
| --- | --- |
| Name of setting (agency, church etc.) |  |
| Position held |  |
| Duration (approximate dates) |  |
| Average client hours per week |  |
| Name of clinical supervisor/s (internal and/or external) |  |

## Position 3 (as applicable)

|  |  |
| --- | --- |
| Name of setting (agency, church etc.) |  |
| Position held |  |
| Duration (approximate dates) |  |
| Average client hours per week |  |
| Name of clinical supervisor/s (internal and/or external) |  |

# 05. Christian Faith

**Describe your relationship with Jesus. How does this relationship influence your daily life and your counselling practice? (100 to 200 words).**

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# 06. Personal Development and Awareness

**Describe 1-3 examples of your own personal development, and discuss how these experiences have affected or informed your practice as a counsellor (300-500 words).**

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# 07. Ethical Practice

**Describe a client situation that you experienced that made you stop and think about the ethical implications. Describe how you handled the situation. Making reference to the** [**NZCCA Code of Ethics and Practice**](https://nzcca.org.nz/about-nzcca/code-of-ethics-and-practice/)**, discuss at least two of the ethical considerations involved (300-500 words).**

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# 08. Bicultural Awareness

**Discuss your understanding of Te Tiriti o Waitangi and how it influences your counselling practice, covering the following (300-500 words):**

* **Briefly outline your training.**
* **Briefly outline your understanding of Te Tiriti o Waitangi and biculturalism.**
* **Discuss how you personally apply this understanding to your practice.**

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Please see the Application Guide for the eligibility requirements associated with this section.

# 09. Professional Associations

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| --- | --- |
| 1. What has drawn you to applying for NZCCA Membership at this time? (100 words max)
 |  |
| 1. I certify that:

[ ]  I have not previously been refused membership of any professional body, either in New Zealand or overseas (including NZCCA).☐ I have not been the subject of any professional complaints, past or present, in New Zealand or overseas. | If applicable, please provide details of membership refusal.If applicable, please provide an overview and the outcome of the complaint. |
| 1. Please outline the following information of any professional bodies that you have been a member of, past and present (this may include past membership of the NZCCA):
 | 1. The name of the professional body:
2. The year/s of your membership:
3. Your level/s of membership:
 |

Please see the Application Guide for the evidence required to submit alongside this section.

# 10. Criminal History and Police Vetting Consent

[ ]  I certify that I have no criminal convictions, that I am not under investigation, and I am not aware of any charges pending in Aotearoa/New Zealand or in any other country (other than minor traffic infringements).

If applicable, please provide a detailed statement outlining any charges(s) and/or conviction(s) below.

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Please see the Application Guide for the evidence required to submit alongside this section.

# 11. Declarations

**I certify that I have read and agree to abide by:**

[ ]  [NZCCA Code of Ethics and Practice](https://nzcca.org.nz/about-nzcca/code-of-ethics-and-practice/)

[ ]  [NZCCA Rules of the Association](https://nzcca.org.nz/about-nzcca/nzcca-rules-of-the-association/)

[ ]  ['Who We Are' Statement](https://nzcca.org.nz/about-nzcca/who-we-are/)

[ ]  [CPD Requirements](https://nzcca.org.nz/supervision/continuing-professional-development-cpd/)

[ ]  [Supervision Requirements](https://nzcca.org.nz/supervision/supervision-requirements/)

**I also certify that I:**

[ ]  Identify as Christian (i.e. someone who knows, loves and serves Jesus).

[ ]  Will pay the relevant fees as outlined in the [Subscription Fees](https://nzcca.org.nz/membership/subscription-fees/) webpage.

[ ]  Understand that satisfactory completion of an Annual Practice Review is required for ongoing membership, involving meeting the CPD and supervision requirements.

[ ]  Have discussed this application in full with my NZCCA-approved External Supervisor(s), and they have completed their Supervisor’s Report(s). As part of this process, I have disclosed:

[ ]  Any complaint(s) and/or concern(s) raised by any other professional bodies or employer(s), past or present.

[ ]  Any previous criminal convictions, or any charges pending that I have (other than minor traffic infringements).

[ ]  I give consent for NZCCA to contact any person or organisation named in this application about any matter relevant to my application. This includes any past or present training institution(s), professional association(s), place(s) of practice, and supervisor(s).

[ ]  In submitting this application, I declare that I have disclosed all relevant information, and that the information provided in this application is true and correct.

Would you like to make any further comments regarding your application?

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**If you do not disclose all information, or you are dishonest in the information given, your application may be declined or any approved membership revoked.**

**Please see the Application Guide for instructions for submitting your application. If you have any further questions, please email Hannah Acheson (NZCCA Membership Coordinator) at** **hacheson@nzcca.org.nz****.**

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**Applicant signature Date completed**